

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF _____

V.S. _____

FOR _____

AT _____

2004 MAR 23 P 12:01

FILED
CLERK'S OFFICE
LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

LANCE S. POXAS

CHARGE/OFFENSE (describe if applicable & check box →)

Felony
 Misdemeanor

U.S. DISTRICT COURT

DISTRICT OF MASS.

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

1 Defendant - Adult
2 Defendant - Juvenile
3 Appellant
4 Probation Violator
5 Parole Violator
6 Habeas Petitioner
7 2255 Petitioner
8 Material Witness
9 Other

INCOME & EXPENSE STATEMENT

EMPLOY- MENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed
	Name and address of employer: 1433 YORK AVE NY NY 10021 NY HEALTH & RECOVERY
ASSETS	IF YES, how much do you ^{work} earn per month? \$ 5500 - 6500
	IF NO, give month and year of last employment How much did you earn per month? \$ _____
OTHER INCOME	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, how much does your Spouse earn per month? \$ _____
CASH	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	RECEIVED \$ 10K SOURCES 401K PAYOUT from CIGNA
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT VALUE 30K DESCRIPTION DODGE DURANGO

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED	Total No. of Dependents	List persons you actually support and your relationship to them	
DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: CAQ SCHOL MOM CLASS OF CARS CAR & INSURANCE	Creditors	Total Debt	Monthly Paymt.	
		WELLS FARGO TEAN LAWLESS MOLICALES CAUTIAL CWS ROUTE 5	\$ 32,000 \$ \$ \$ \$	\$ 959 \$ 600 \$ 600 \$ 200 \$ 155	

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Category	Amount	Period
Cell Phone	89	200
LIFE INSURANCE	300	
TRANSPORTATION	1000	
FOOD	500	
WARRANTS	200	
Cell Phones	150	
INTERNET	40	
MEEDICAL EXPENSES	290	
PERIODICALS	142	
CLOTHING	200	